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Application Number	See Attached Appendix		
Filing Date	See Attached Appendix		
First Named Inventor	See Attached Appendix		
Art Unit	N/A		
Examiner Name	N/A		
Attorney Docket No.	549172800000		

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Telephone	(858) 720-5112		Fax (858) 720-5125				
data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). X Attorney or Agent of record. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number							
Typed or Printed Kate H. Murashige Name							
Signature Kati S. Munaclezi							
Date March 25, 2003							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
X *Total of 6 forms are submitted.							